

Motor Vehicle Accident Report Form 2022

Office Use Only – Spreadsheet _____ Accident Register Number _ _ _ _

TO BE COMPLETED BY THE ADULT DRIVING THE VEHICLE INVOLVED IN THE ACCIDENT, OR THEIR NOMINATED REPRESENTATIVE

If the accident was not a result of a Road Traffic Accident, use Accident Report Form.

Details of person completing the form

Full Name:

Contact number:.....

Role: Teacher Aide Therapist Manager Contractor Volunteer Other

Giant Steps vehicle

Superbus Fuso Rocket Renault Roger Fuso Lancer Other

If other (e.g. car, replacement hire bus) give make, model and registration number:

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Persons in vehicle. Tick beside any person injured in accident. **(Please attach copy of bus seating plan)**

Name of driver

Other staff on board

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Passengers on board

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Details of the accident

Location:

Date: _____ Time: _____ am/pm

Accident Report Form (continued)

Description of the accident

Traffic conditions (e.g. heavy, moderate, light)

Weather conditions (e.g. raining, fog, clear, etc.).....

Estimated speed of vehicles involved:

Giant Steps vehicle Other vehicle

What happened?

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Sketch of accident showing vehicles, road names, traffic control signals or signs. If a photo of the accident is available, also attach this.



Signature of person completing form: _____

Damage to Giant Steps Tasmania vehicle – mark on diagram:



Brief description of damage to Giant Steps Tasmania vehicle:

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Other vehicle (if applicable):

Make Model

Body type Colour

Registration number

Insurance Details:

Insurance Company

Contact Details

Policy Number

Driver's name

Driver's address

Driver's contact phone number

Number of in other vehicle:

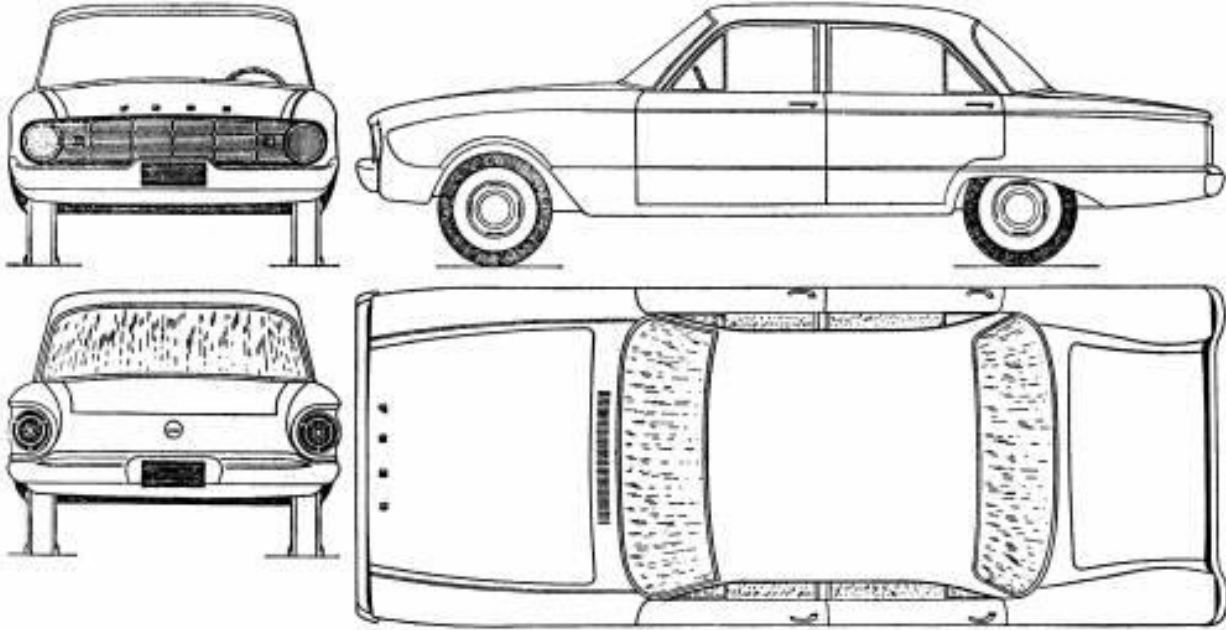
Were any of these persons injured? (tick) YES NO

Were the police involved YES NO

Full Name(s)

Police ID No(s)

Damage to other vehicle – mark on diagram:



Description of damage to other vehicle:

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Particulars of any independent witnesses:

Name

Address

Contact phone number

Viewed accident from

Name

Address

Contact phone number

Viewed accident from

Name

Address

Contact phone number

Viewed accident from

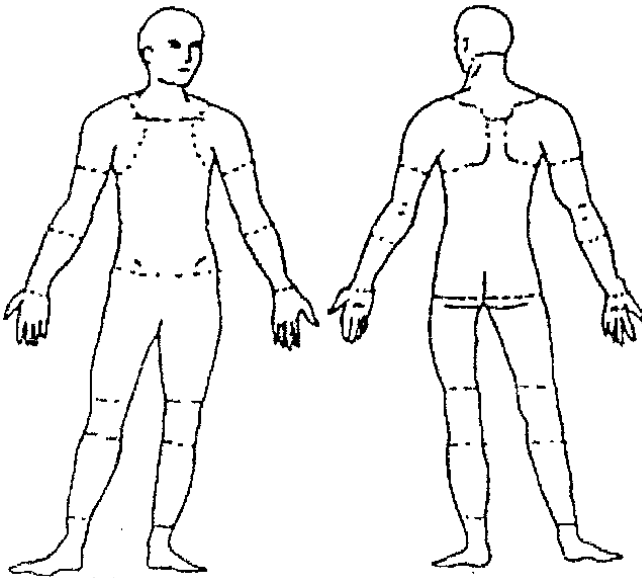
DETAILS OF ALL INJURIES

Description of injury # _____

Full Name of person injured: _____

Role: Staff Student Visitor Contractor Volunteer Other _____

Part of Body Injured (mark diagram with X as appropriate)



The nature of the injury (tick as many as apply):

- abrasion/bruise
- fracture/ dislocation
- concussion
- cut/laceration
- puncture
- other _____

Treatment required at the time (tick as many as apply):

- Not required
- First Aid Name of person who supplied treatment: _____
Details of treatment: _____
- GP Visit Name of GP/ Practice: _____
- Ambulance called Details of paramedic treatment: _____
- Hospitalisation Name of hospital: _____
- Parent/ Carer/ Emergency contact called By: _____ Time: _____

IF MORE THAN 1 PERSON WAS INJURED, PHOTOCOPY THE FORM ON THE NEXT PAGE AS REQUIRED.

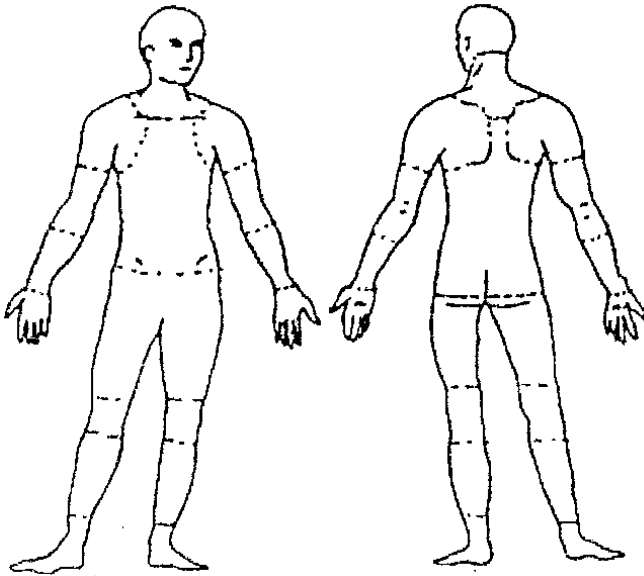
DETAILS OF ALL INJURIES (Continued)

Description of injury # _____ (insert number)

Full Name of person injured: _____

Role: Staff Student Visitor Contractor Volunteer Other _____

Part of Body Injured (mark diagram with X as appropriate)



The nature of the injury (tick as many as apply):

- abrasion/bruise
- fracture/ dislocation
- concussion
- cut/laceration
- puncture
- other _____

Treatment required at the time (tick as many as apply):

- Not required
- First Aid Name of person who supplied treatment: _____
Details of treatment: _____
- GP Visit Name of GP/ Practice: _____
- Ambulance called Details of paramedic treatment: _____
- Hospitalisation Name of hospital: _____
- Parent/ Carer/ Emergency contact called By: _____ Time: _____

TO BE COMPLETED BY THE PRINCIPAL IN CONSULTATION WITH ANOTHER APPROPRIATE STAFF MEMBER

Give details of any follow up resulting from this accident:

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Signature of Principal Date:

Name of other staff member Role:

Signature: Date:

Reviewed by OH & S Representative

Name: Signature: Date:

OFFICE USE ONLY

Workers Compensation Claim: Yes No Unknown

Is the incident Notifiable: Yes No Unknown

Incident type (refer to Section 38 of the Work Health & Safety Act 2012 for full details of when to notify):

Worksafe TAS Notified __ / __ / __

Method of Notification: _____

Insurance Claim: Yes No Unknown

Entered into Accident Data Spreadsheet: Yes No Unknown

Principal's Signature

Date __ / __ / __